

This Page Is Inserted by IFW Operations  
and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

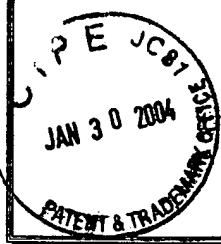
Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning documents *will not* correct images,  
please do not report the images to the  
Image Problem Mailbox.**

#DAC



## Med-*DATA* Net™ LLC

PO Box 23 ~ North Branford CT 06471  
Telephone 203 / 288-1588 ~ Fax 203 / 288-1589 ~ Email info@meddatan t.com

Mail Stop Petitions  
Commissioner of Patents  
PO Box 1450  
Alexandria, VA. 22313-1450

RE: Continuation application 10/687, 409

Filing Date" 10/14/03

Inventor: William F. Reeves

02/03/2004 AWONDAF1 00000143 10687409  
01 FC:1460 130.00 DP

Dear Sir/Madam, 1/26/04

I am hereby petitioning the patent office to allow my application 10/687, 409 to receive and hold the filing date of 10/14/03. Enclosed is a check for \$130 for the petition fee. If my petition is granted I hereby request a refund of said fee.

The patent office (letter attached) has stated that the application 10/687,409 was filed without any drawings. We respectfully disagree with this statement and would point out the following:

1. The 10/687,409 application was filed with 9 drawings enclosed. I personally worked to prepare this application with my office manager and other staff members. We have procedures for checking each other work which act to catch such oversights and Trudy Moccia, office manager, as well as other clerical staff check my work and ensured the drawings were in the application (see attached memo from Trudy Moccia).
2. The 10/687,409 application is a continuation of parent 09/597,107. A notice of allowance was issued for 09/597,107 on 9/12/03 with all claims allowed. This parent contains the 9 drawings in question in the continuation.

Since a continuation by its very nature is an extension of a parent patent (same specification and drawings with new claims) any reasonable person would conclude that these 9 drawings were meant to be included in this continuation application.

3. As one can see from the specification of the continuation (same specification as parent) there are many clear references to all 9 drawings which were included in the package.

Again, any reasonable person would conclude that these 9 drawings were included in this continuation package and were intended to be part of this application.

4. The attached memo from Trudy Moccia is offered as objective evidence that MedDataNet has office procedures and protocols for preparing, checking and mailing patent applications and other documents. We would respectfully request that the patent office accept this memo as positive evidence that the drawings were included in the application.

In addition, we have included a copy of a checklist we used for this continuation application, right out of the patent office manual on patent preparation, which includes a check list item for drawings which we have checked as being included in the package.

With respect to the patent office, from our past experiences we know that it is not unusual for the patent office to misplace, mix or lose documents during its routine handling of said documents.

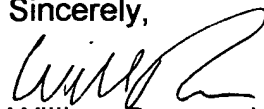
5. It is further pointed out that that the original application was express mailed to the patent office on 10/14/03 and duly received by said patent office (see express mail documents).

6. It is further offered that these 9 drawings were immediately express mailed to the patent office when the deficiency letter was received. We request that this not prejudice the request for the 10/14/03 filing date. See express mail documents.

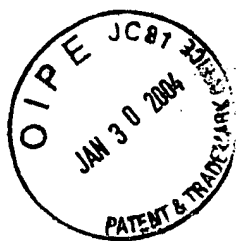
7. I would respectfully point out that I am a pro se inventor and I would request any such considerations as allowed under patent laws.

Again, we respectfully request and petition the patent office to allow the original 10/1/403 filing date to be permanent and the official and final filing date.

Sincerely,

A handwritten signature in black ink, appearing to read 'William Reeves', written in a cursive style.

William Reeves, inventor



**Med-*DATA*Net™ LLC**

PO Box 23 ~ North Branford CT 06471

Telephone 203 / 288-1588 ~ Fax 203 / 288-1589 ~ Email [info@meddatanet.com](mailto:info@meddatanet.com)

Petitions Office  
Mail Stop Petitions  
Commissioner for Patents  
PO Box 1450  
Alexandria , VA. 22313

RE: Application 10/687, 409      William Reeves, Inventor

To Whom it may Concern,      1/26/04

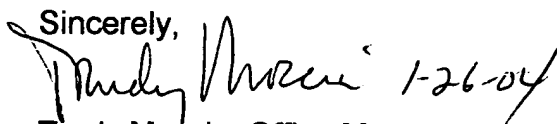
I am Trudy Moccia, office manager for MedDataNet.

I certify and attest that I aided Mr. Reeves in the preparation of patent application 10/687,409.

I certify and attest that I checked Mr. Reeves application and can positively identify that there were 9 patent drawings included in this application. These 9 drawings were part of the application which was mailed to the patent office as part of the original filing.

MedDataNet has procedures and protocols in place for the preparation, checking and approval of all patent applications and documents. Our procedures include a check list of items for a patent application which was taken directly out of the patent office handbook entitled "General Information Concerning Patent." We used these procedures to prepare, check and approve patent application 10/687,409 to ensure the application was properly prepared and included all the necessary parts under the checklist to ensure it was a complete application (including the 9 drawings in question).

Sincerely,

  
Trudy Moccia, Office Manager

09/597,107 Continuation Application  
19/4/03 Checklist  
**Specification  
(Description and Claims)**

The following order of arrangement should be observed in framing the application:

- TM WK ✓ (a) Application transmittal form.
- N/A (b) Fee transmittal form.
- TM WK ✓ (c) Title of the Invention.
- TM WK ✓ (d) Cross Reference to related applications (if any).
- N/A (e) Statement of federally sponsored research/development (if any).
- N/A (f) Reference to a microfiche appendix (if any).
- TM WK ✓ (g) Background of the Invention.
- TM WK ✓ (h) Brief Summary of the Invention.
- TM WK ✓ (i) Brief description of the several views of the drawing (if any).
- TM WK ✓ (j) Detailed Description of the Invention.
- TM WK ✓ (k) Claim or claims.
- TM WK ✓ (l) Abstract of the disclosure.
- TM WK ✓ (m) Drawings (if any).
- TM WK ✓ (n) Executed oath or declaration.
- N/A (o) Sequence listing (if any).
- TM N/A (p) Plant Color Coding Sheet (applicable in plant patent applications).

The sp  
and of  
to be i  
son sk  
or with

The sp  
patent  
inventi  
embodi  
matter  
ation or  
by the

In the c  
point ou  
composi  
descripti  
such par  
a comple

The title  
possible,  
tion, if it d

A brief ab  
ing that w  
be set fort  
abstract sh  
less, unde

A brief sur  
which may  
precede th  
surate with  
that of the

## Application For Patent

### Non-Provisional Application for a Patent

A non-provisional application for a patent is made to the Assistant Commissioner for Patents and includes:

- ✓ (1) A written document which comprises a specification (description and claims), and an oath or declaration;
- ✓ (2) A drawing in those cases in which a drawing is necessary; and
- ✓ (3) The filing fee. See the fee schedule.

All application papers must be in the English language or accompanied by a verified translation into the English language along with the required fee set forth in 37 CFR 1.17(k). All application papers must be legibly written either by a typewriter or mechanical printer in permanent dark ink or its equivalent in portrait orientation on flexible, strong, smooth, non-shiny, durable and white paper.

The papers must be presented in a form having sufficient clarity and contrast between the paper and the writing to permit electronic reproduction. The application papers must all be the same size—either 21.0 cm by 29.7 cm (DIN size A4) or 21.6 cm by 27.9 cm (8 1/2 by 11 inches), with a top margins of at least 2.0 cm (3/4 inch), a left side margin of at least 2.5 cm (1 inch), a right side margin of at least 2.0 cm (3/4 inch) and a bottom margin of at least 2.0 cm (3/4 inch) with no holes made in the submitted papers. It is also required that the spacing on all papers be 1 1/2 or double spaced and the application papers must be numbered consecutively (centrally located above or below the text) starting with page one.

The application for patent is not forwarded for examination until all required parts, complying with the rules related thereto, are received. If any application is filed without all the required parts for obtaining a filing date (incomplete or defective), the applicant will be notified of



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/687,409	10/14/2003	William Francis Reeves	

William Reeves  
 c/o MedDataNet, LLC  
 PO Box 23  
 North Branford, CT 06471

CONFIRMATION NO. 8610

## FORMALITIES LETTER



\*OC000000011484195\*

Date Mailed: 12/15/2003

## NOTICE OF INCOMPLETE NONPROVISIONAL APPLICATION

## FILED UNDER 37 CFR 1.53(b)

A filing date has NOT been accorded to the above-identified application papers for the reason(s) indicated below.

All of the items noted below and a newly executed oath or declaration covering the items must be submitted within **TWO MONTHS** of the date of this Notice, unless otherwise indicated, or proceedings on the application will be terminated (37 CFR 1.53(e)). Replies should be mailed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

The filing date will be the date of receipt of all items required below, unless otherwise indicated. Any assertions that the item(s) required below were submitted, or are not necessary for a filing date, must be by way of petition directed to the attention of the Office of Petitions accompanied by the \$130.00 petition fee (37 CFR 1.17(h)). If the petition states that the application is entitled to a filing date, a request for a refund of the petition fee may be included in the petition. Petitions should be mailed to: Mail Stop Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

- The application was deposited without drawings. 35 U.S.C. 113 (first sentence) requires a drawing "where necessary for the understanding of the subject matter sought to be patented." *Applicant should reconsider whether the drawings are necessary under 35 U.S.C. 113 (first sentence).*

Replies should be mailed to: Mail Stop Missing Parts  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center  
 Initial Patent Examination Division (703) 308-1202

**PART 2 - COPY TO BE RETURNED WITH RESPONSE**





**Med-*DATA*Net™ LLC**

PO Box 23 ~ North Branford CT 06471

Telephone 203 / 288-1588 ~ Fax 203 / 288-1589 ~ Email [info@meddatanet.com](mailto:info@meddatanet.com)

Mail Stop Missing Parts  
Commissioner of Patents  
PO Box 1450  
Alexandria, VA 22313-1450

RE: 10/687,409

Inventor: William Reeves

Dear Sir/Madam,

12/22/03

Enclosed please find 9 drawings for this application per the attached notice. Als enclosed is a new declaration per the notice.

I swear that this application was placed in the US mail (express mail) by me on 12/22/03. Express mail label number EU-905716066 US

EU 905716066 US

Please call me or write if you have any questions or require additional information.

Sincerely,

William Reeves, inventor

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

First Named Inventor

William Reeves

COMPLETE IF KNOWN

Application Number

10/687,409

Filing Date

12/22/03

Art Unit

2636

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Bodily Worn device for digital storage and retrieval of  
emergency medical records and personal identification**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

10/14/2003

as United States Application Number or PCT International

Application Number

10/687,409

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

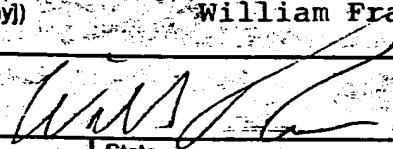
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number:  OR ☒ Correspondence address belowName  
William Reeves, c/o MedDataNet, LLCAddress  
PO Box 23City  
North Branford State  
CT ZIP  
06471Country  
USA Telephone  
203-288-1588 Fax  
203-288-1589

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) William Francis Family Name  
or Surname ReevesInventor's  
Signature  Date  
12/22/2003

Residence: City State Country Citizenship

Mailing Address

City State ZIP Country

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) Family Name  
or SurnameInventor's  
Signature Date

Residence: City State Country Citizenship

Mailing Address

City State ZIP Country

☐ Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

FIG. 1

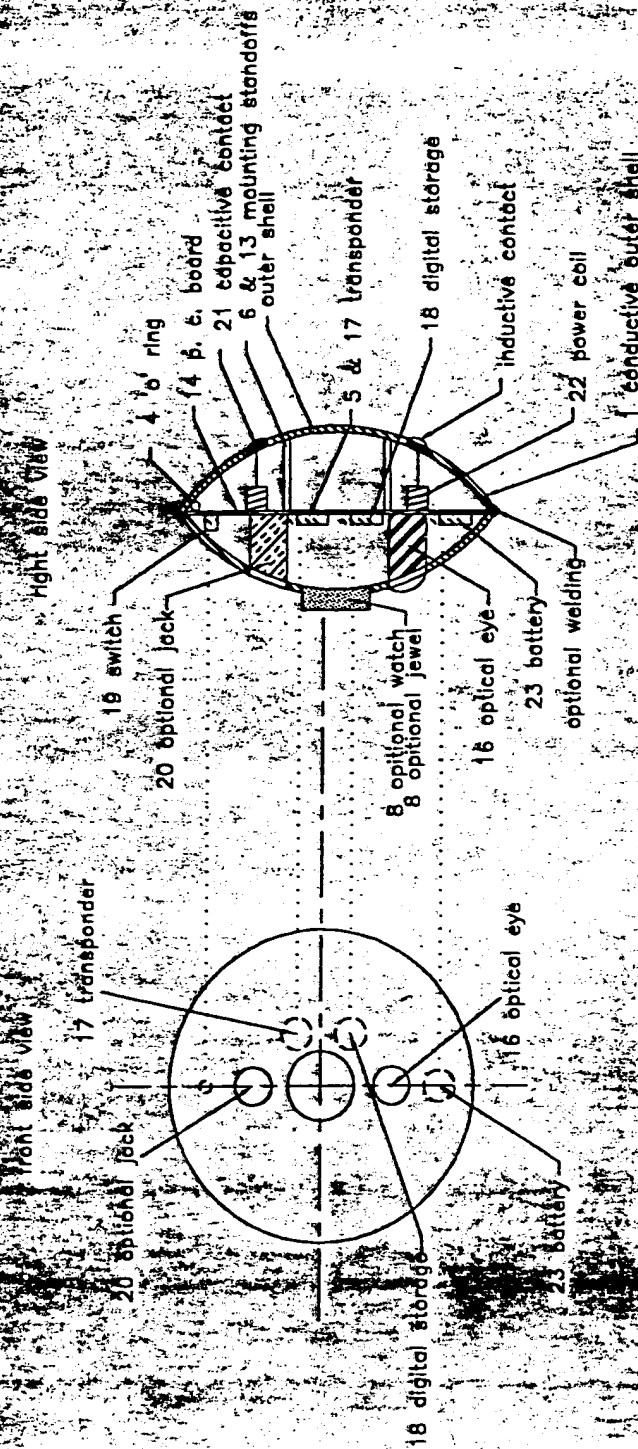
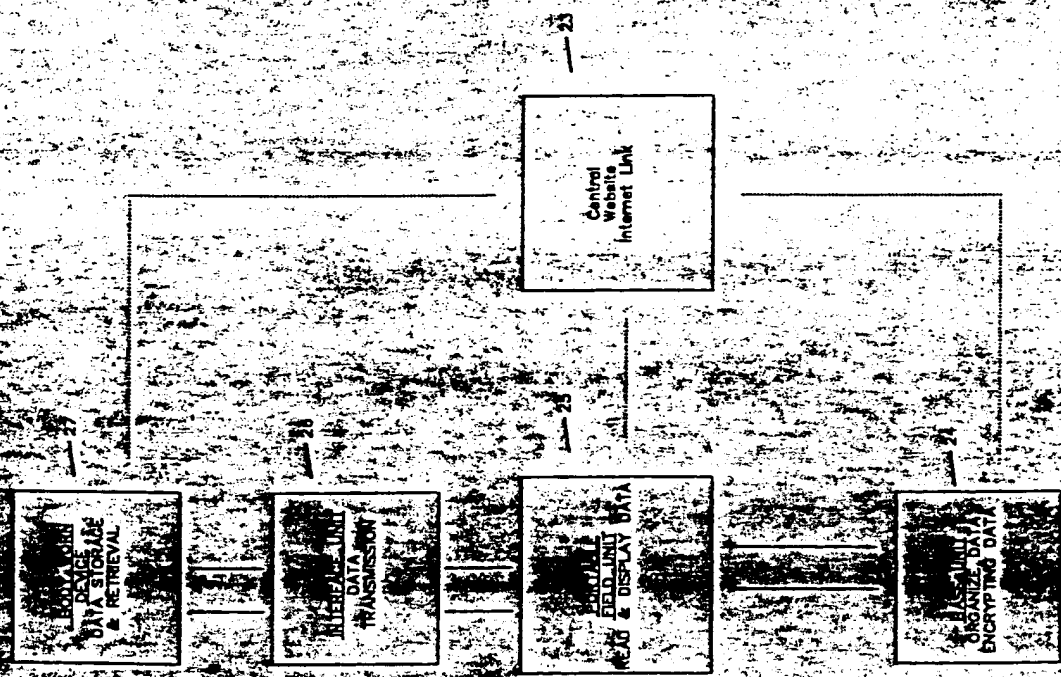




FIG. 2



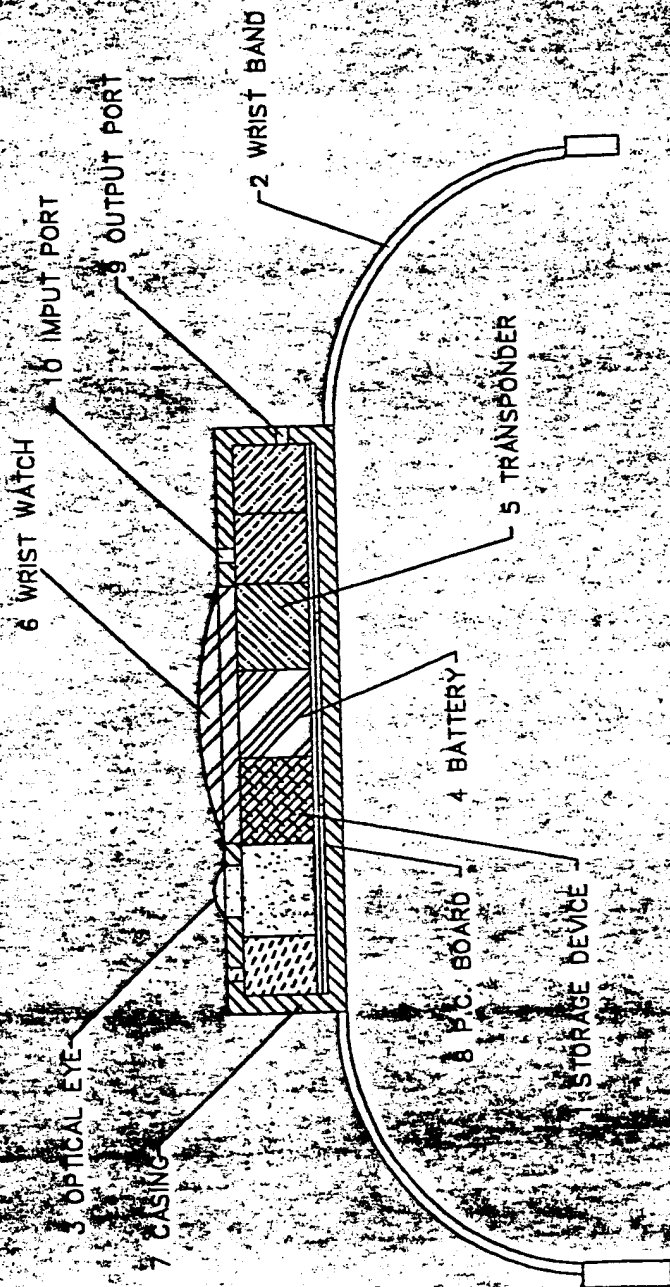
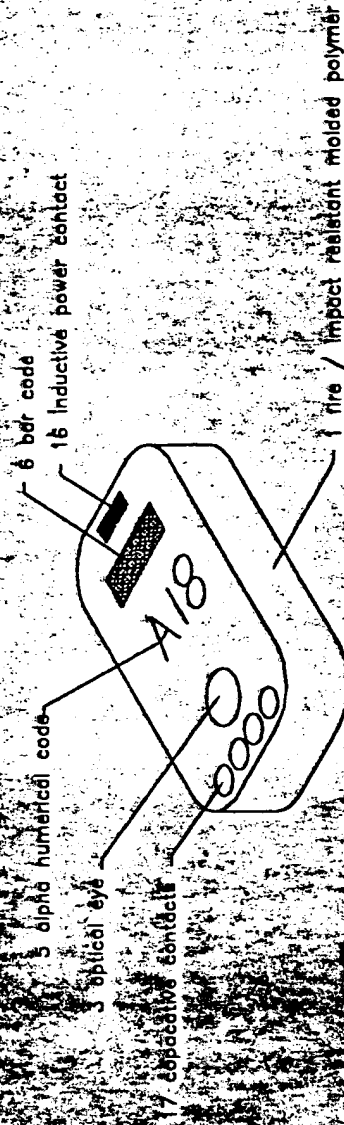
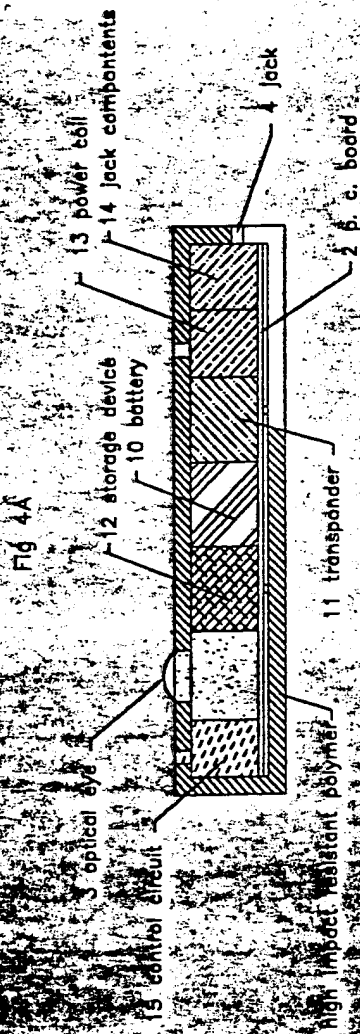
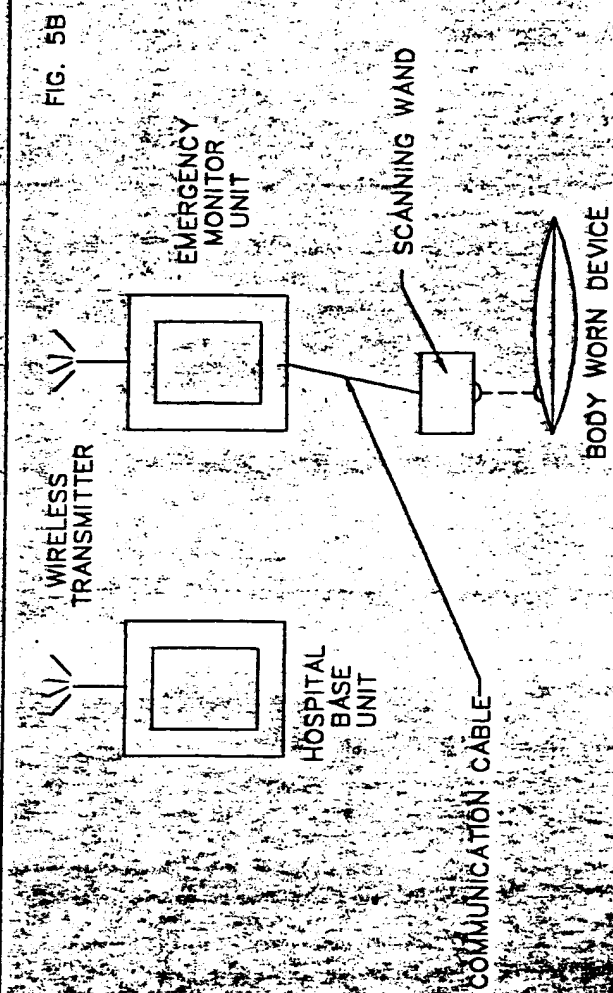
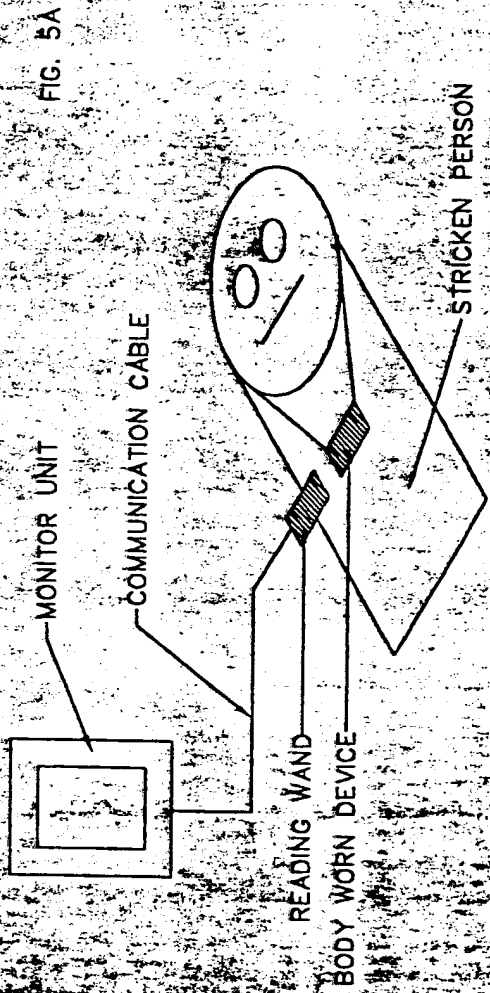


FIG. 3

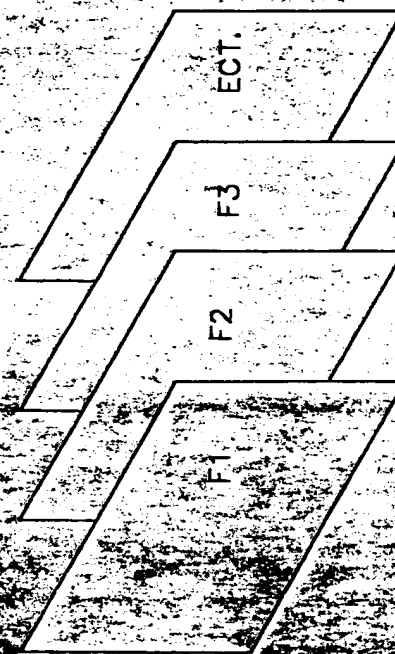


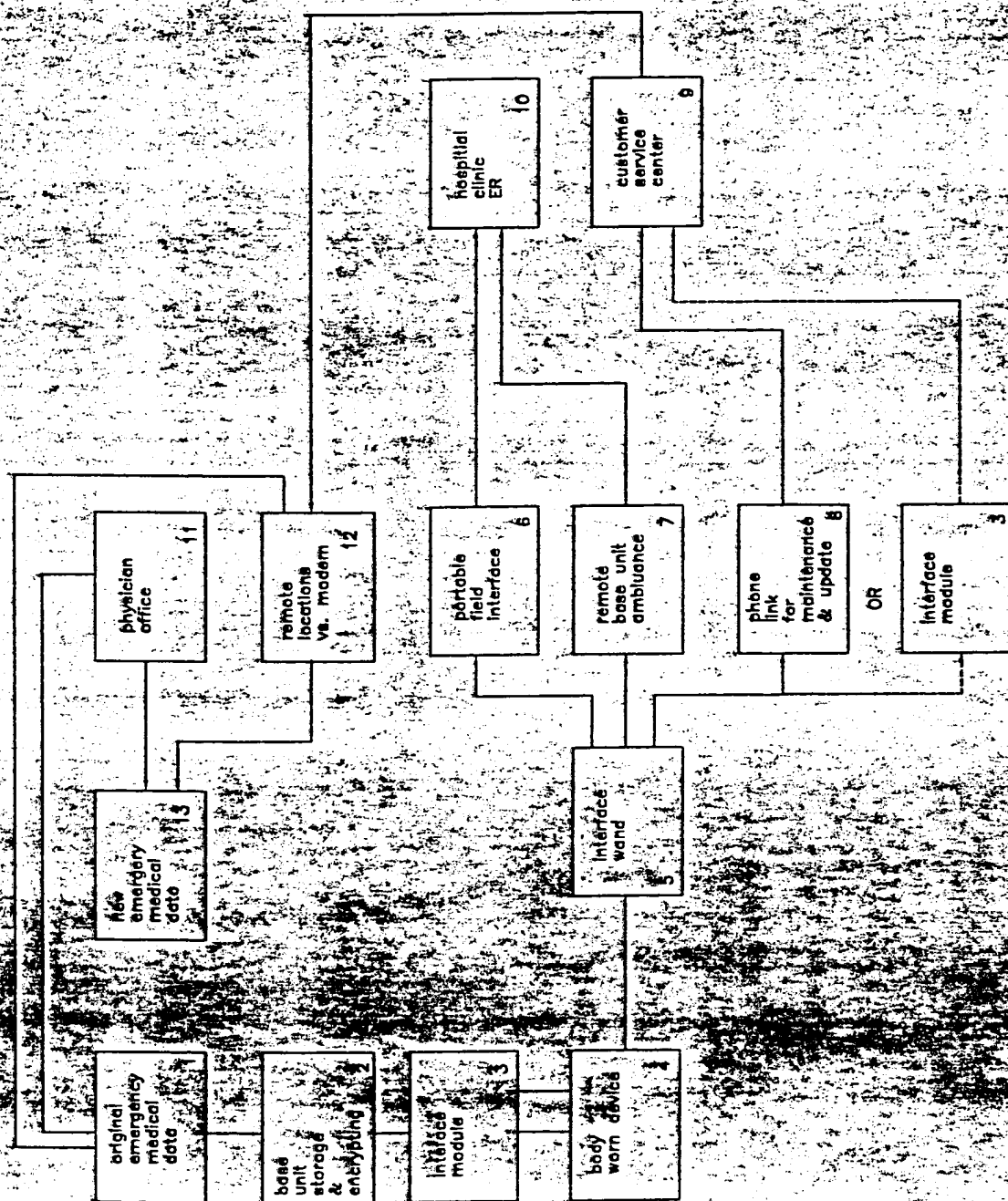




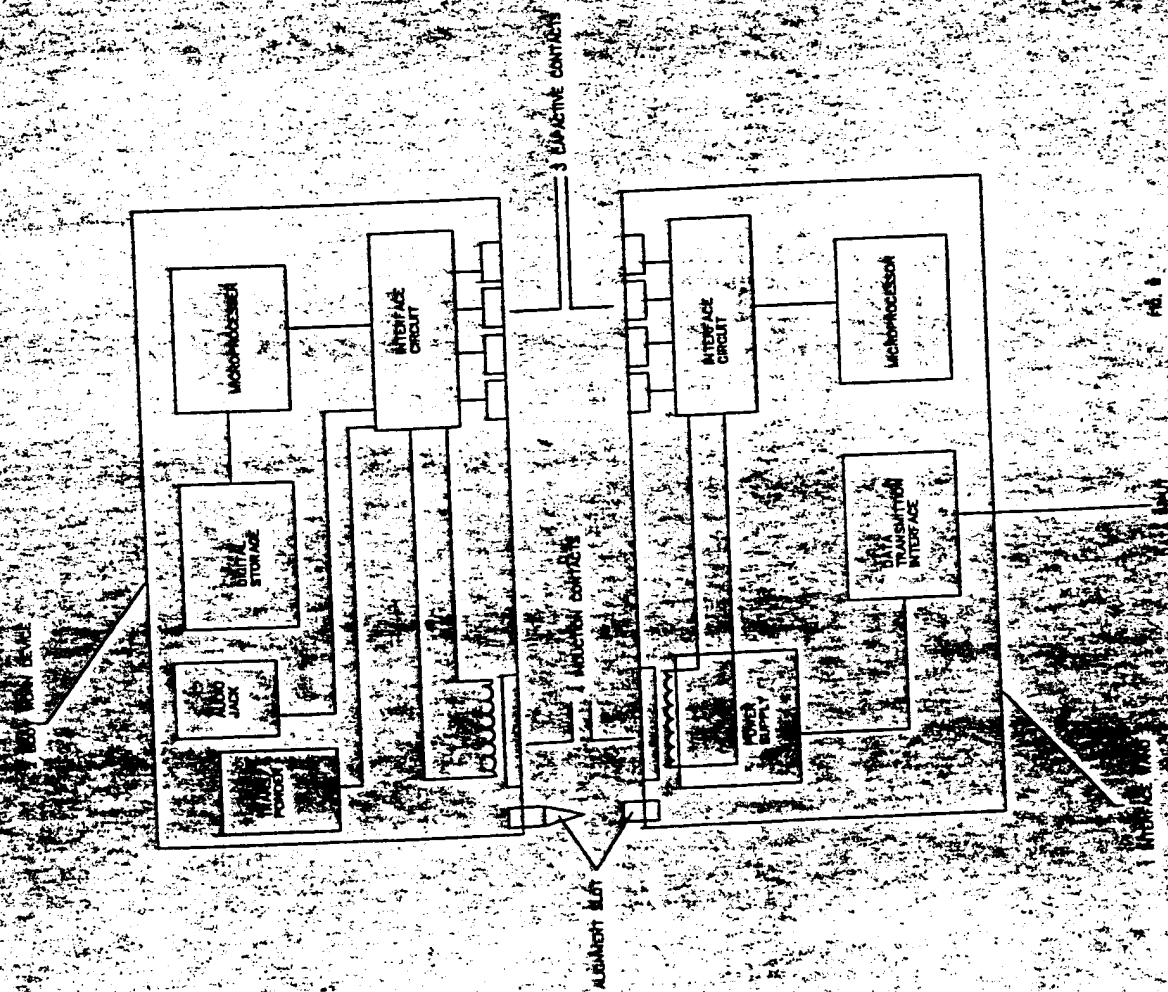
PAT 116

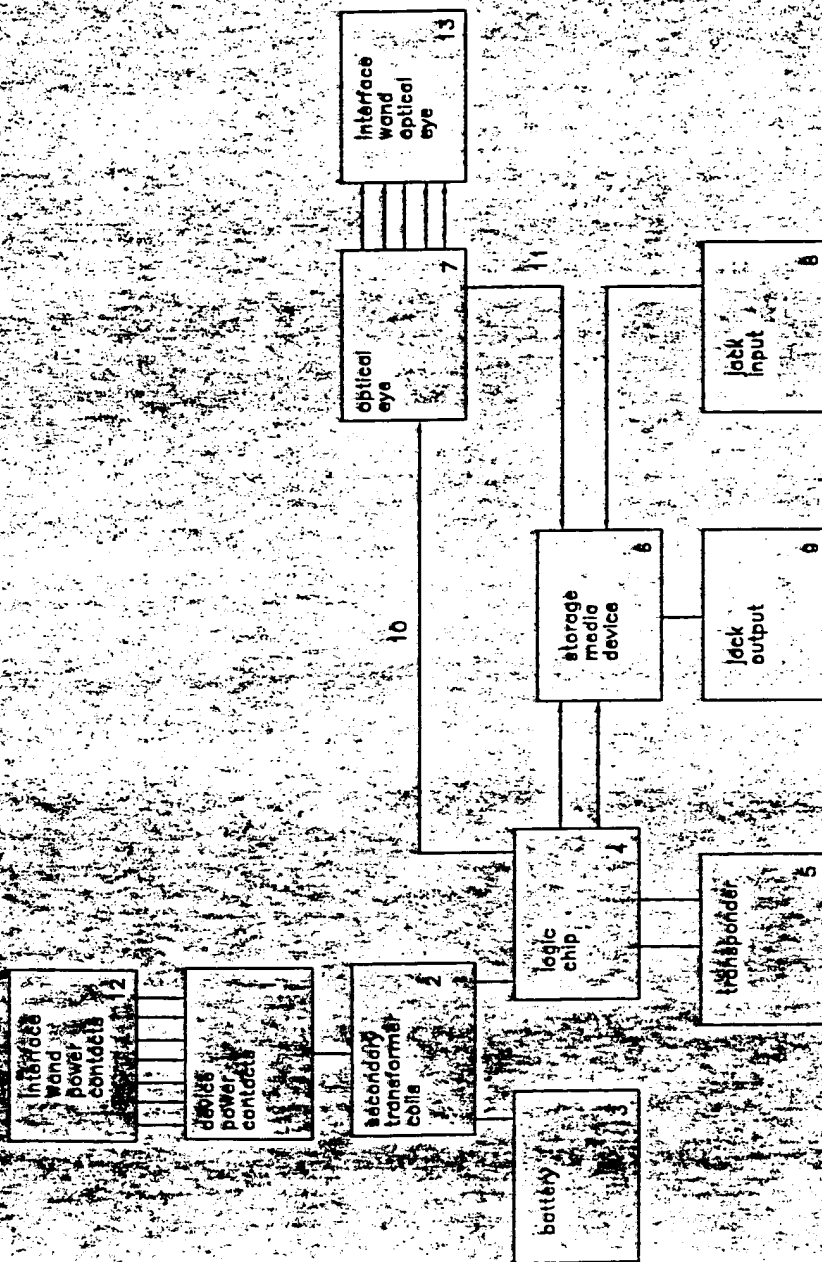
PHOTO I.D.	FINGER PRINT	IRIS PRINT	DENTAL RECORDS	SAMPLE ECG ULTRASOUND
EMERGENCY MEDICAL RECORDS BLOOD TYPE DRUG REACTIONS PRE-EXISTING CONDITIONS				
EMERGENCY TREATMENT INSTRUCTIONS: PHYSICIAN PRE-EXISTING CONDITIONS				
ORGAN DONOR INSTRUCTIONS:				
LIVING WILL INSTRUCTIONS:				





PAT. FIG. 7





PAT. FIG. 8





**EXPRESS MAIL**

UNITED STATES POSTAL SERVICE®

ORIGIN (POSTAL USE ONLY)

**POST OFFICE TO ADDRESSEE**



\* E U 9 0 5 7 1 6 0 6 6 U S \*

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS**

PO ZIP Code <b>10018</b>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in Month <b>10</b>	Date in Day <b>12</b>	Postage <b>\$ 1.35</b>
Time in AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Military <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee <b>1.15</b>
Weight: <b>1.8</b> lbs. ozs.	Int'l Alpha Country Code <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee <b>1.50</b>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Charge <b>1.15</b>	Insurance Fee

**CUSTOMER USE ONLY**

**METHOD OF PAYMENT**  
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

**FROM: (PLEASE PRINT)**

PHONE

**202-238-1534**

**TO: (PLEASE PRINT)**

PHONE

**202-238-1534**

ZIP + 4

2	2	3	1	3	1	4	5	0
---	---	---	---	---	---	---	---	---

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



Custom r Copy  
Label 11-B June 2002

**UNITED STATES POSTAL SERVICE**

\*\*\*\* WELCOME TO \*\*\*\*  
MOUNT CARMEL POSTAL STORE  
HAMPDEN, CT 06518-9997  
12/22/03 12:03PM

Store USPS  
Wkstn sys5004  
Cashier's Name  
Stock Unit Id  
PO Phone Number  
USPS #

Trans 138  
CASHIER KHD1W  
BARBARA  
WINBARBARA  
203-407-5822  
0833690518

1. Exp. Mail PO-ADD 15.40  
Destination: 22313  
Weight: 3.80oz  
Postage Type: PVI  
Total Cost: 15.40  
Base Rate: 13.65  
Label #: EU905716066US  
Return Receipt 1.75  
2. 37c Stamp 0.37  
Subtotal 19.10  
Total 19.10

Personal/ Business Check 19.10

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clickship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Thank You  
Please come again!

Number of Items Sold: 11

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature  
D. Is delivery address different from return address? Yes ☐ No ☒  
If YES, enter delivery address below:

**RECEIVED**  
DEC 24 2003

3. Service Type  
☐ Certified Mail ☐ Registered Mail ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt  
PS Form 3811, July 1999  
102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Mil Stop Missing Patents  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA  
22313

2. Article Number (Copy from service label)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Mil Stop Missing Patents  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA  
22313

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
C. Signature  
D. Is delivery address different from return address? Yes ☐ No ☒  
If YES, enter delivery address below:

**RECEIVED**  
DEC 24 2003

3. Service Type  
☐ Certified Mail ☐ Registered Mail ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

# SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
*Commissioner of Public Safety  
 Police Application Branch  
 2011 South Church Street  
 Capital Plaza  
 Arlington, VA 22204*

2. Article Number (Copy from service label)

PS Form 3811, July 1999

# COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
☒ Agent ☐ Addressee  
 D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Certified Mail ☒ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

EF 323034941US

Domestic Return Receipt 02595-99-M-1789

UNITED STATES POSTAL SERVICE

• Sender: Please print your name, address, and ZIP+4 in this box •

*McC Dittu Nit, LLC  
 PO Box 23  
 North Branford, CT  
 06471*

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10



**UNITED STATES  
 POSTAL SERVICE**

\*\*\*\*\* WELCOME TO \*\*\*\*\*

NORTH BRANFORD  
 NORTH BRANFORD, CT 06471-9998  
 10/14/03 08:29AM

Store USPS	Trans 14
Wkstn sys5003	Cashier KDC8FV
Cashier's Name	Jen
Stock Unit Id	SIAJEN
PO Phone Number	203-488-5541
USPS #	0833690471

1. Exp. Mail PO-ADD	13.65
Destination:	22202
Weight:	7.30oz
Postage Type:	PVI
Total Cost:	13.65
Base Rate:	13.65
Label#:	EF323034941US

Subtotal	13.65
Total	13.65

DebitCard	13.65
Purchase	13.65
Cash Back	0.00

Number of Items Sold: 1

Thank You  
 Please come again!

## UNITED STATES POSTAL SERVICE™

\* 1 0 1 4 3 0 3 2 3 1 \*

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS**

Label 11-B May 2000

PO ZIP Code		Day of Delivery		Flat Rate Envelope
06471		<input checked="" type="checkbox"/> Next	<input type="checkbox"/> Second	<input type="checkbox"/>
Date in Month	10/14/03	Time in Day		Postage
	8:30	12 noon <input type="checkbox"/> 3 PM <input type="checkbox"/>		\$ 13.05
Mail Class	1st AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Military <input checked="" type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>		Return Receipt Fee
Weight lb.	7.30	Int'l Alpha County Code		COD Fee
Ins. opt.		Insurance Fee		
No Delivery	<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials		Total Postage & Fees
		MM		\$ 13.05

<b>METHOD OF PAYMENT</b>	<b>EXPRESS MAIL COPIES ACT NO.</b>	<b>FEDERAL AGENCY ACCT. NO. or POSTAL SERVICE ACCT. NO.</b>	<b>DATE</b>
<b>WARRANTY OF MERCHANTABILITY AND FITNESS FOR PURPOSES:</b>			<b>NO DELIVERY</b>

**FROM:** PLEASE PRINT  
NAME AND ADDRESS  
  
CITY AND STATE

**PHONE:**

**TO:** Mr. J. H. B. Co.  
P.O. Box 23  
Nashville, Tenn.  
267

**SIGNATURE** (Requests Only) (When you buy a new truck, you are entitled to a 30-day money-back guarantee. If you are not completely satisfied with your purchase, you may return it for a full refund. This guarantee is valid only if the truck is returned within 30 days of the date of purchase. The refund will be in the form of a check or cash, and it will be for the full purchase price, including taxes, title, and license. This guarantee does not apply to trucks that are leased, financed, or purchased with a trade-in. It also does not apply to trucks that are damaged, modified, or used for commercial purposes. To qualify for this guarantee, you must keep the truck for at least 30 days and drive it at least 100 miles. If you meet these requirements, you may return the truck to the dealer from whom you purchased it, and you will receive a full refund. This guarantee is a valuable benefit of buying a new truck from a reputable dealer. It gives you peace of mind and ensures that you are getting a quality product. So, if you are considering buying a new truck, make sure you choose a dealer that offers this guarantee. It's a sign of confidence in their product and a way to protect your investment.)

☐ Signature ☐ Dealer ☐ Customer

**Customer Signature**

TO: PLEASE PRINT \_\_\_\_\_ PHONE: \_\_\_\_\_  
 FROM: \_\_\_\_\_  
 SUBJECT: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 BY: \_\_\_\_\_  
 CC: \_\_\_\_\_  
 RE: \_\_\_\_\_  
 ATTACHMENTS: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_  
 APPROVAL: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**FOR PICKUP OR TRACKING CALL 1-800-222-1811**

**www.usps.com**

